SCHEDULE B (FEC Form 3X)	Lice concrete cohedula(a)		FOR LINE NUMBER: PAGE 18 OF 18		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23  28a 28b	24 25 26 28c 29 30	
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NAME OF COMMITTEE (In Full)  American College of Physician Ser					
Full Name (Last, First, Middle Initial)			Date of Disbursem	nent .	
A. Friends of Lois Capps  Mailing Address PO Box 23940			01 11 2013		
City	State Zin Code				
Santa Barbara	State Zip Code CA 93121-3940		Transaction ID:	D139990	
Purpose of Disbursement Contribution to federal candidates			Amount of Each D	isbursement this Period	
Candidate Name Rep. Lois Capps		Category/ Type		1000.00	
	ment For: 2014 Primary General Other (specify)				
State: CA District: 23					
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursem		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of Each D	isbursement this Period	
Candidate Name		Category/ Type			
Senate President	ment For: Primary General Other (specify)				
State: District:  Full Name (Last, First, Middle Initial)					
c.			Date of Disbursem	ent	
Mailing Address			M M / D D	/	
City	State Zip Code				
Purpose of Disbursement			Amount of Each D	isbursement this Period	
Candidate Name		Category/ Type		isbursement this i endu	
Senate President	ment For: Primary General Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				1000.00	
TOTAL This Period (last page this line number only	)			1000.00	
	,			7	